

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	SNT	68903	12/5/99
O.I.P.E. CLASSIFIER	MTN	5A	12-21-99
FORMALITY REVIEW		7/531	1-7-00
RESPONSE FORMALITY REVIEW	DA	7/531	3/20/00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	10	5	8/14
2	31	19	2/4/95
3	02	03	3/04
4	1	1	✓
5	✓	✓	✓
6	1	1	✓
7	✓	✓	✓
8	—	✓	✓
9	✓	✓	✓
10	0	0	✓
11	✓	✓	✓
12	1	1	✓
13	0	0	✓
14	✓	✓	✓
15	—	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	—	✓	✓
23	✓	✓	✓
24	—	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	0	0	✓
37	✓	✓	✓
38	✓	✓	✓
39	0	0	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	0	0	✓
48	✓	✓	✓
49	✓	✓	✓
50	0	0	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
54	✓	✓	✓
55	✓	✓	✓
56	✓	✓	✓
57	✓	✓	✓
58	✓	✓	✓
59	✓	✓	✓
60	✓	✓	✓
61	✓	✓	✓
62	✓	✓	✓
63	—	✓	✓
64	✓	✓	✓
65	✓	✓	✓
66	✓	✓	✓
67	✓	✓	✓
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94	✓	✓	✓
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96	✓	✓	✓
97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
101	✓	✓	✓
102	✓	✓	✓
103	✓	✓	✓
104	✓	✓	✓
105	✓	✓	✓
106	✓	✓	✓
107	✓	✓	✓
108	✓	✓	✓
109	✓	✓	✓
110	✓	✓	✓
111	✓	✓	✓
112	✓	✓	✓
113	✓	✓	✓
114	✓	✓	✓
115	✓	✓	✓
116	✓	✓	✓
117	✓	✓	✓
118	✓	✓	✓
119	✓	✓	✓
120	✓	✓	✓
121	✓	✓	✓
122	✓	✓	✓
123	✓	✓	✓
124	✓	✓	✓
125	✓	✓	✓
126	✓	✓	✓
127	✓	✓	✓
128	✓	✓	✓
129	✓	✓	✓
130	✓	✓	✓
131	✓	✓	✓
132	✓	✓	✓
133	✓	✓	✓
134	✓	✓	✓
135	✓	✓	✓
136	✓	✓	✓
137	✓	✓	✓
138	✓	✓	✓
139	✓	✓	✓
140	✓	✓	✓
141	✓	✓	✓
142	✓	✓	✓
143	✓	✓	✓
144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

Best Available Copy

If more than 150 claims or 10 actions  
 → staple additional sheet here